

INFANT/TODDLER PRIMARY CAREGIVER DOCUMENTATION

Michigan Department of Human Services
Bureau of Children and Adult Licensing

Facility Name	License Number	
Signature	Title	Date

(Licensee or Authorized Designee)

Child's Name	Child's Date of Birth	Name of Primary Caregiver(s)	Days of the week worked	Hours worked
1. Child's Schedule		1.		
		2.		
		3.		
		4.		
2. Child's Schedule		1.		
		2.		
		3.		
		4.		
3. Child's Schedule		1.		
		2.		
		3.		
		4.		
4. Child's Schedule		1.		
		2.		
		3.		
		4.		

Authority:	1973 PA 116	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
Completion:	Voluntary	
Consequence:	Failure to provide requested information may result in rule violation.	

You may copy this form if you need additional sheets.